2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P05000105629

Entity Name: COPELASA OF SRI, INC.

Current Principal Place of Business:

9155 SOUTH DADELAND BLVD
SUITE 1800
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9155 SOUTH DADELAND BLVD
SUITE 1800
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-3265941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERRERA, LUIS PD
7721 NW 7TH
APT 704
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: CONSTANTINO, ALEJANDRO C VPD
Address: 728 SW 100TH COURT
City-St-Zip: MIAMI, FL 33174

Title: S ( ) Delete
Name: FLORES, ANA-GLADYS S
Address: 12378 NW 98 AVENUE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: T ( ) Delete
Name: BONZON, NANCY
Address: 13431 SW 67TH STREET
City-St-Zip: MIAMI, FL 33183

Title: V ( ) Delete
Name: BELLO, NANCY V
Address: 37 GUMBO LIMBO AVENUE
City-St-Zip: KEY LARGO, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO CONSTANTINO DV 04/29/2009

Electronic Signature of Signing Officer or Director — Date